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2018-09-24 19:48 BB&T	8038319082 >> 803 896 5199 P 1/13
(Caption of Case) Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo APPLICATION FOR CLASS (CHARTER CERTIFICATION FROM JASON DAVIS DBA E-Sports Academy INC. (Please type or print) Ason Druis Submitted by: E-Sports Academy INC. Address: 2 Holly Breeky Woods	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA TRANSPORTATION COVER SHEET DOCKET 2018 314
LAKE WYLLE, SC. 29710	Other: 980-223-6322
as required by law. This form is required for use by the Public Service C be filled out completely. NATURE OF ACTION	
☐ Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request
Application - Class C Stretcher Van	Exhibit
Application - Class E Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	Letter
Application	Proposed Order
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded	Reservation Letter Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

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803 896 5199 P 2/13

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Date: 9-24-18
CLASS C - CHARTER
Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)
2 Holly Breary Woods Lake wylik, 56 29710 Street Address of Applicant
Mailing Address of Applicant (if different from street address)
980 - 475-0330/980 223-6322. Phone
Phone / Fax JBDavi 5880 GMari 1. Com Email Address
2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)
3. Select Entity Type: (Check one) Individual Owner/Sole Proprietorship
Parmership - List names and addresses of all person having an interest in the business.
Corporation - List names and addresses of two principal officers.
Jason Days 2 Holly Breey Woods LAKE WYLE, SC 29710
Brandon Scott 7230 Genssy Knob (+ Charlottiz, NC 23273

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Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

Assets:		<u>Liabilities:</u>	
Value of Real Estate	\varnothing	Mortgage/Loan on Real Estate	Ø
Value of Motor Vehicles	29,000	Loans Owed on Motor Vehicles	Ø
Cash on Hand	3,000	Business/Other Loans Owed	Ø
Cash in Bank	12,000	Other Liabilities or Debts	RANG 2500.00
Value of Other Assets and Equipment	(03,000	Total Liabilities	2500.00
Total Assets	107,000.00		

INSTRUCTIONS:

- 1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
- "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
- 3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
- 4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
- 5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
- 6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
- 7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
- 8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
- "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

75 DOHAR PRE HR.

3 Hour Minimum

50 DOILOR PER he travel Charge outil 10 mile FOR PICK UP.

Requested Scope of Authority: Check all counties in which you are requesting permission to operate, You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

Abbeville	Cherokee	Florence	Lee	- Šaluda
Aiken	Chester	Georgetown	Lexington	Spartanburg
Allendale	Chesterfield	Greenville	Marion	Sumter
Anderson		Greenwood	Mariboro	Union
Bamberg	Colleton	Hampton	McCormick	Williamsburg
Barnwell	Darlington	Horry	, Newberry	York
Beaufert	Dillon	Jasper	Oconee	
Berkeley	Dorchester	Kershaw	Orangeburg	Statewide
Calhoun	Edgefield	Lancaster	Pickens	
Charleston	Fairfield	Laurens	[Richland	

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DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of scatbelts in the vehicle, including the driver's scatbelt.)

1-7 Passengers, including driver
8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
Chey	2007 300	2C3KA53617HL32785	3665
-			

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INSURANCE QUOTE

This form MUST BE COMPLETED.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for: BERRY WOODS Amount of Premium: Limits Quoted: (See Below) \$3,659 (1) 111.20 MNH Limits 1,500,000.00 The above quoted premium is for a term of Minimum Limits - Intrastate Only: * Passengers = Number of scatbelts in the vehicle, \$ 25,000/50,000/25,000 1-7 Passengers* including the driver's seatbolt \$ 25,000/100,000/25,000 8-15 Passengers* ⁄2255 I TUSEUMNER

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

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1. Are there currently any outstanding judgments against the Applicant?

O Yes

⊘ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

Yes

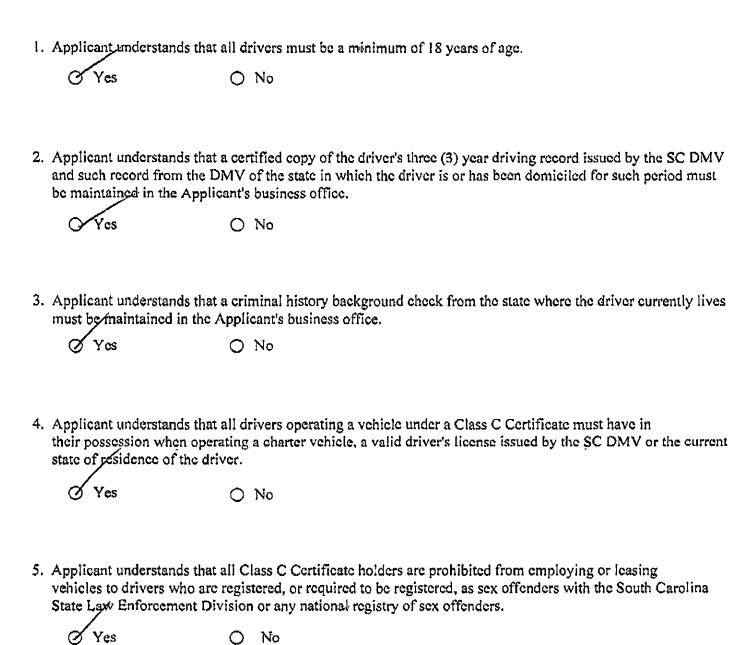
O No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes

O No

Exhibit on Driver Qualifications



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 EXECUTIVE CENTER DRIVE, SUITE 100 COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's oService System. The Applicant authorizes the Commission to serve its orders by using the email address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc. gov to create a My DMS account.
- The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

cant's Signature

of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA

WORN TO BEFORE ME

Commission Expires

SHAKIRA MITCHELL

Notary Public - State of South Carolina My Commission Expires March 08, 2027

Print Application

South Carolina Secretary of State Mark Hammond

Business Entities Online

File, Search, and Retrieve Documents Electronically

E-Sports Academy Incorporated

Corporate Information

Entity Type: Corporation

Status: Good Standing

Domestic/Foreign: Domestic

Incorporated South Carolina

State:

Important Dates

Effective Date 01/05/2018

Expiration N/A

Date:

Term End N/A

Date:

Dissofved N/A

Date:

Registered Agent

Agent: Jason Davis

Address: 2 Holly Berry Woods

Lake Wylie, South Carolina 29710

Official Documents On File

Filing Type	Filing Date
Articles of Incorporation for a Statutory Close Corporation	01/05/2018

For filing questions please contact us at 803-734-2158

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Filing ID: 180105-1358269

Filing Date: 01/05/2018

STATE OF SOUTH CAROLINA SECRETARY OFSTATE

ARTICLES OF INCORPORATION STATUTORY CLOSE CORPORATION

The followir. a information is submitted pursuant to Sections 33-2-102 and 33-18-103 of the 1976 S.C. Code of Laws, as amended:

1.	The name of the proposed corporation is:
	E-Sports Academy Incorporated
	NOTE: Pursuant to S.C. Code of Laws §33-4-101, the name of the corporation must contain the word "corporation",
	"incorporated", "company", or "limited", or the abbreviation "corp.", "inc.", "co.", or "itd."
2.	The initial registered office of the corporation is: 2 Holly Serry Woods
	(Street Address)
	Lake Wylie, South Carolina 29710
	(City, State, Zip Code)
	and the initial registered agent at such address is:
	Jason Davis
	(Print Nae)
	I hereby consent to the appointment as registered agent of the corporation.
	(Agont's Signature)
3.	The corporation is authorized to issue shares of stock as follows. Complete "a" or "b" ,whichever is applicable:
	a. The corporation is authorized to issue a single class of shares.
	The total number of shares authorized is 100000
	b. The corporation is authorized to issue more than one class of shares.
	Class of Shares: Authorized No. of Each Class:

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					ports Academy	πιοριβοιι	alGu		
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	The relative ollows:	right, proferer	nce, and limitations o	of the shares o	feach class, and	d of each	series w	thin a c	lass, are
					<u> </u>				
4. T	he corpora	tion is a statut	tory close corporation	n, as provided	under Chapter 1	18, Titlo 3	3 of the 1	976 S.C	Code
	s, as amen 								
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			tions 33-18-110 thro		below:				<u> </u>
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in the	e statutory Inless othe	format in Sect	tions 33-18-110 throid below, the corporated).	ugh 33-18-130	a board of direc	ators (see	Section 3		
6. U S.C.	Inless othe	format in Sect rwise specified aws, as amend This corpor	tions 33-18-110 throid below, the corporated.	ugh 33-18-130	a board of direc	itors (see	Section (
6. U S.C.	Inless othe	format in Sect	tions 33-18-110 throid below, the corporated.	ugh 33-18-130	a board of direc	otors (see	Section (
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9. The existence of the corporation shall begin as of the filing date with the Secretary of State unless a delayed date is

indicated [see Section 33-1-230(b) of the 1976 S.C. Code of Laws, amended]:

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2018-09-24	+ 19:51	BB&T	8038319082 >>	803 896 5199 P
			E-Sports Academy Incorpora	tod
			*****	Name of Corporation
1 a.	Incon Boule		orator are as follows (only one inco	rporator is required):
~	(Name)			
	2 Holly Barry Woods			
	(Street Address)			
	Lake Wylie, South Carolina	29710		
	(City, State, Zip Code)			
	Jason Davis			
	(Signature)			······································
b.	(Name)			
			<u> </u>	
	(Street Address)			-
	(City, State, Zip Code)			
	(Signature)			
c,	(Name)			
	<u> </u>			
	(Street Address)	-	-	

(City, State, Zip Code)

(Signature)

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(Telephone Numbor)

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E-Sports Academy Incorporated	
	1
-	Name of Companion

11. I, David M. Hadder	, an attorney licensed to practice in the
state of South Carolina, certify that the corporation, to wh	ose articles of incorporation this certificate is attached, has he 1976 South Carolina Code of Laws, as amended, relating
Date:	
David M. Hadder	
(Signaturo)	
David M. Hadder	
(Type or Print Name) 2 Holly Berry Woods	
(Street Address)	
Lake Wylie, South Carolina 29710	
(City, State, Zip Code)	
980-475-0330	

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement changes the policy on the inception date of the policy or on the date shown below. It is agreed that the policy is changed as follows:

Vehicle information has been modified. A change has been made in the classification of usage for the following vehicles which may result in premium alterations.

	Vehicle #3				
Old	2007 CHRYSL	ER 300			VIN: 2C3KA53G17H632785
	Usage: C	Radius: 100	Gross Vehicle Weight 7,500	Territory: 97	Garaging Information: CLOVER, SC
New	2007 CHRYSL	ER 300			VIN: 2C3KA53G17H632785
	Usage: C	Radius: 100	Seating Capacity: 20	Territory: 97	Garaging Information: CLOVER, SC

	Additional Premium \$ 319 Return Premium \$
Company Name Cypress Insurance Company	Endorsement Effective
Named Insured E SPORTS ACADEMY INC	09/10/2018 12:37 PM Countersigned at by

(Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy)

M-2904 (11/80)

09/20/2018 10:05 AD580B6D-721E-4A3F-9202-AF61939C21FB

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement changes the policy on the inception date of the policy or on the date shown below. It is agreed that the policy is changed as follows:

Vehicle Information has been modified. A change has been made in the classification of usage for the following vehicles which may result in premium alterations.

				Use			Old Annual Premium				
Veh	Year Make	Model	VIN Old New LI		Llab	Liab UM UM		Med Pay PIP		Other	
3	2007 CHRYSLER	300	2C3KA53G17H632785	¢	С	709	31	31			

	New Annual Premium						Prorated Premium						
Veh	Liab	UM	UIM	PIP	Med Pay	Other	Liab	UM	UIM	PIP	Med Pay	Other	Subtotal by Vehicle
3	728	67	67				18	31	31				77
•		•	'			Subtotal	16	31	31				

	Additional Premium \$ See Page 1
Pro-Rate Factor: 0.858 _All other terms, conditions and agreements remain unchanged.	Return Premium \$
Company Name	
Cypress Insurance Company	Endorsement Effective 09/10/2018 12:37 PM
Named Insured E SPORTS ACADEMY INC	Countersigned at by

(Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy)

M-2904 (11/80)

09/20/2018 10:05 352ED1D2-B024-42C2-8112-CC1E71A65473

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement changes the policy on the inception date of the policy or on the date shown below. It is agreed that the policy is changed as follows:

Vehicle Information has been modified. A change has been made in the classification of usage for the following vehicles which may result in premium alterations.

	1		-,-		Use		Old Annual Premium						
Veh #	Year	Make	Model	VIN	Oid	New	Comp	Spec Causes of Loss	Coll	In-tow	Cargo	Add'l Insd/ Lessor	Other
3	2007	CHRYSLER	300	2C3KA53G17H632785	Ċ	C	Incl.		520				

		New	Annual Prem	lum			Prorated Premium					
Veh	Add'l Insd	In-Tow	Cargo	Other	Phys Spec/ Comp	Call	Add'i Insd	In-Tow	Cargo	Other	Phys Spec/ Comp	Coli
3					incl.	802		-			incl.	242
		•			•	Subtotal						242

See Page 1 Additional Premium Pro-Rate Factor. Return Premium All other terms, conditions and agreements remain unchanged. Company Name **Policy Number** Cypress Insurance Company **Endorsement Effective** 09/10/2018 12:37 PM Named Insured Countersigned at E SPORTS ACADEMY INC

(Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy)

M-2904 (11/80)

09/20/2018 10:05 F5746741-8A41-4B37-9E87-121638661E74

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement changes the policy on the inception date of the policy or on the date shown below. It is agreed that the policy is changed as follows:

In consideration of an additional premium shown below, the policy EXTENDS to cover the following vehicles.

Add	Veh	Year	Make	Model	VIN	Use	Rad	Gar	Gar City, State	GVW!
Del	#					٠		Terr		Seat
Α	3	2007	CHRYSLER	300	2C3KA63G17H632785	С	100	97	CLOVER, SC	7,500

		Ne	w Annual Pre	nium	Prorated Premium						
Veh #	Liab UM		UIM	Med Pay PIP		Llab	UM	UIM Med Pav		PIP	
3	709	31	31		 	608	27	27			
					Subtotal	608	27	27			

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy)

M-2904 (11/80)

09/10/2018 15:10 28BEA808-FF4A-4C0D-859D-7821BDFFE350

(Authorized Representative)

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GENERAL CHANGE ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement changes the policy on the inception date of the policy or on the date shown below. It is agreed that the policy is changed as follows:

In consideration of an additional premium shown below, the policy EXTENDS to cover the following vehicles.

Add Del		Year	Make	Model	אוע	Use	Rad	Gar Ter	Gar City, State	GVW/ Seat Cap	Limit Stated Amt or	S C	Spec Spec Causes of Loss/ Comp	Coll Deduct
Α	3	2007	CHRYSLER	300	2C3KA53G17H832785	С	100	97	CLOVER, SC	7,500	ACV	С	Deduct 500	500

	Annual Premium							Prorated Premium						
	Add'l	7	·	Other	Physic	el Damage	Add'l	In-Tow	Cargo	Other	Physica	Damage		
Veh	lnsd	In-Tow	Cargo	00101	Speci	Coll	Insd	I III- COM	CEIGO	!	Speci Comp	Coll		
- 7	insu	+			Comp				 		 -			
. 3					inci.	, 520			1	1	Incl.	447		
						Subtotal						447		

Pro-Rate Factor: 0.858	Additional Premium \$ See Page 1 Return Premium \$
All other terms, conditions and agreements remain unchanged.	
Company Name	
Cypress Insurance Company	Endorsement Effective 09/10/2018 12:37 PM
Named Insured E SPORTS ACADEMY INC	Countersigned at

(Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy)

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NEW	CYPRESS II	NSURAI	NCE COMPAN	Y □					
RENEWAL NUMBER		Ilfornia Street	☐ The Declar	The Declarations include a second part					
<u>.</u>		n Francisco, (•	include a s designated	•	τ			
CROSS REFERENCE:		1-800-356-5	760	200.5					
	BUSINESS AUTO	COVERA	AGE DECLARAT	TONS					
				Produc	er				
ITEM ONE NAMED INSURED & ADDRESS				GEICO Insurance Agency, Ir	ic.				
E SPORTS ACADEMY INC				One GEICO Blvd					
2 HOLLYBERRY WOODS				Fredericksburg, VA 22412					
CLOVER, SC 29710		FORM OF	NAMED INSURED'S B	USINESS: Corporation					
		NAMED II	NSURED'S BUSINESS:	VIDEO GAME TRAILER					
POLICY PERIOD: Policy covers FROM	07/20/2018 8:59 AM	то	07 <i>/</i> 20 <i>/</i> 2019	12:01 A.M. Standard Time at Insured's Address stated abo		ed			
TEM TWO - SCHEDULE OF COVERAGES AN	ID COVERED AUTOS								
This policy provides only those coverages where a d		olumn below. Es	och of these coverages will a	apply only to those "autos" shown as					
covered "autos". "Autos" are shown as covered "auto		entry of one o	r more of the symbols from t	he COVERED AUTO Section of the					
Business Auto Coverage Form next to the name of th									
	COVERED AUTOS (Entry of one or more of the								
	symbols from the COVERED AUTOS Section of the			INSURANCE	DD:	ÉMIUM			
COVERAGES	Business Auto Coverage	THE MOST WE WILL		LL PAY FOR ANY ONE IT OR LOSS	[5]	EINION			
	Form shows which autos are covered autos)		ACCIDEN	II OR LOSS	1				
LIABILITY.	See M 61	74 (08/2004)	\$	821					
PERSONAL INJURY PROTECTION	7	SEPARATEL		P. ENDORSEMENT MINUS					
(P.I.P.) (or equivalent No-fault coverage)		§.	Ded	luctible	\$				
ADDED P.1.P. (or equivalent added No-fault cov.)	xx.) SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT								
PROPERTY PROTECTION INSURANCE (P.P.I.) (Michigan only)		SEPARATEL \$		ENDORSEMENT MINUS luctible FOR EACH ACCIDENT	s				
AUTO MEDICAL PAYMENTS		\$			\$				
UNINSURED MOTORISTS	7	\$	See CA 2	189 (08/2001) <u>-</u>	\$	33			
UNDERINSURED MOTORISTS (when not included in Uninsured Motorists.coverage)	7	\$	See CA 2	190 (08/2001)	s	33			
PHYSICAL DAMAGE INSURANCE		<u> </u>		<u> </u>					
COMPREHENSIVE COVERAGE	7	s	See M 39	12b (08/2001)	\$	INCL			
SPECIFIED CAUSES OF LOSS		\$			\$				
COLLISION COVERAGE	7	\$	See M 39	12b (08/2001)	\$	924			
TOWING AND LABOR _		\$	Deductible I	OR EACH COVERED AUTO	\$				
FORMS AND ENDORSEMENTS CONTAINE	D IN THIS POLICY AT ITS I	NCEPTION	PR	EMIUM FOR ENDORSEMENTS	\$				
See M4572 (12/1994)			FS.	TIMATED TOTAL PREMIUM	s	1,811			
				THE TO SELL TEMPOR	<u> </u>	1,07.			
ENTER SYMBOL 10 DESCRIPTION HERE:									
			<u>-</u>						
POLICY SUBJECT TO A FULLY EARNED PO	LICYWRITING MINIMUM P	REMIUM OF\$		0 IF CANCELLED	BY THE I	NSURED.			
ITEM THREE - SCHEDULE OF COVERED AT	JTOS AS ATTAC	HED							
			<u>_</u>						
Countersigned At		D	,						
			/						
In Witness whereof, we have caused this pol	cy to be executed and affes	red.	AUTH	HORIZED SIGNATURE					
Vant.	7)		\sim	nu Dank	_				
		-	" " " ^	~ / / ~	/ 1				

M-5605 (02/2011)

Secretary

07/24/2018 15:08 3D234CD2-6D70-4FA6-83BC-0C82C52D55A1

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President